

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013947

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318**  
**FILED MAR 21 1963**

Primary Registration District No. **1003**

Registrar's No. **2938**

STATE FILE NUMBER

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis**

Length of stay in lb

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Homer G. Phillips**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**4040 Finney**

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First **Maggie**

Middle

Last **Turner**

## 4. DATE OF DEATH

Month **3** Day **9** Year **63**

## 5. SEX

**Fem.**

## 6. COLOR OR RACE

**Negro**

## 7. Married

☐ Never Married ☒ Widowed ☐ Divorced

## 8. DATE OF BIRTH

**Unknown Abt. 70**

## 9. AGE (last birthday)

IF UNDER 1 YEAR  
Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Nil**

## 10b. KIND OF BUSINESS OR INDUSTRY

**New Franklin, Mo.,**

## 12. CITIZEN OF WHAT COUNTRY

**USA**

## 13a. FATHER'S NAME

**Aba Watson**

## 13b. MOTHER'S MAIDEN NAME

**Elizabeth Jackson**

## 14. NAME OF HUSBAND OR WIFE

**Leola Walker 4045 Finney Ave.,**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**No**

## 16. SOCIAL SECURITY NO.

**[REDACTED]**

## 17. INFORMANT

Address

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Carcinoma of Lt. Lower Lung Field**

INTERVAL BETWEEN ONSET AND DEATH  
**Undet.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

**163x**

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **3-6-63** to **3-9-63** and last saw her alive on **3-9-63**

Death occurred at **9:50 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

**2601 N. Whittier**

## 22c. DATE SIGNED

**3-11-63**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

## 23b. DATE

**3-14-63**

## 23c. NAME OF CEMETERY OR CREMATORY

**Calvary Cemetery**

## 23d. LOCATION (City, town, or county)

**St. Louis County, Mo.,**

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

**G. Wade Granberry**

**4202 Finney Ave.**

## 25. DATE RECD. BY LOCAL REG.

**MAR 13 1963**

## 26. REGISTRAR'S SIGNATURE

**Loal Smith. M.D.**

USE BLACK INK

OR

TYPEWRITER RIBBON

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

X

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Edward A. Flynn*

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.,  
St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Removal  
3-1-23  
Calvary Cemetery  
St. Louis, Mo.  
4202 Finney Ave.